

FILED JAN 11 1944
Registration District No. 195

Primary Registration District No. 5714

Registrar's No. 33

1. PLACE OF DEATH:

(a) County MCDonald

(b) City or town Lanagan MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pineville Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDonald

(c) City or town Lanagan
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH CROSBY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife THOMAS CROSBY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 4th, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 12th, year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1943, to Dec 12, 1943 that I last saw him alive on Dec 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 36 hrs

Due to arteriosclerosis 3 yrs

8. AGE: Years 63 Months 4 Days 8 If less than one day hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions _____ (Includes pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN 94a
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name First Name Unknown (Roberts)

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Weir

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Crosby
(b) Address Lanagan MO.

17. (a) Burial (b) Date thereof Dec. 14th, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lanagan MO.

18. (a) Signature of funeral director Charles Williams
(b) Address Woodman MO

19. (a) 12-30-1943 (b) Jna Martin
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. D. Fountain (M. D. or other) _____
Address Woodman MO Date signed Dec 14 43

1205

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No: 6,

District File Number

144-33

Date Filed

1-10-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

EMBALMER

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.